For Office Use	License #:	Date Issued:	☐ \$120.00 Fee

Application for Iowa Board of Speech Pathology/Audiology Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT	Instructions are found or	n page 3	
1Last Name	2		
Last Name	First Name and Middle Name		
3	Mailing Address		
4City, State, Zip Code	5E-Mail Address		
6 7			
Daytime Phone (Including Area Code)	Date of Birth Social Security N	'umber*	
9. Male Female 10. If any of your documentation	on is in a name other than your current name, list the previous na	mes of recor	d.
The following questions must be answered. If you answ explanation providing the details of the incident, (2) attach recommendations, and (3) attach a copy of all official court disposition and/or settlement. You must answer "Yes" even your record.	a a copy of any court ordered evaluations, showin documents regarding your conviction/malpractice so when a conviction or judgment has been deferred	g complet uit, includi	tion and
11. Been convicted, found guilty of or entered a plea of guilt (Other than minor traffic violations with fines under \$500)?	y or no contest to a felony or misdemeanor crime	Yes	No
12. Had any judgments or settlements paid on your behalf as a	result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certificate registration, or certification authority or organization institution professional practice? (If the investigation or action was in "NO" to this question).	te disciplinary action against you related to your	Yes	No
14. Been disciplined or sanctioned by any licensing, regis related to your professional practice? (If this licensing board to this question).		Yes	No
15. Developed a medical condition which in any way impairs with reasonable skill and safety? (If you are currently a Committee, you may answer "NO" to this question.)		Yes	No
16. Been engaged in illegal or improper use of drugs or othe currently a participant in the Impaired Practitioner Review Co	, ,	Yes	No
Type of Application:			
17. Speech Pathology Audiology	Permanent License (CCC's or Endorse Temporary clinical license Temporary permit (non-resident)	ement)	
18. Have you received your Certificate of Clinical Com	npetency from ASHA?		

Professional Education:

	☐ Masters ☐	Doctorate			
19.	Name of professional education in	nstitution:			
20.	Degree Date (Month/Year)	/ Are o	fficial transcri	pts ordered? Yes]No
21.	Are you or have you ever been lic	ensed, certified, or register	ed in another s	state/country? Yes [No
22.	If yes you must have official ver office. Verifications must include				
	List the two letter postal abbrevias been ordered below.	viation of each state and i	f official verif	ication from the licensing	ng regulatory board
	State Postal Abbreviations	Are official licens	e verification(s) Yes	ordered?	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
of perj determ	fy that I have carefully read the question ury that my answers, and all other state ined at any time that I have provided mise denied or that I may be subject to discip	ements or information submitt sleading or false information of	ed by me in thi n or in support	s application process, are tr of this application, I underst	ue and correct. If it is
period applica	rstand that I am required to update answ the application is pending. I also under ation information is public information, s reasonable inquiry that may be necessary	stand that this application is a subject to the exceptions conta	public record i ined in Iowa la	n accordance with Iowa Cow. Finally in submitting thi	de, Chapter 22 and that s application, I consent
license 666(a)	information is collected pursuant to Iowa denial. Privacy Act Notice: Disclosur (13) and Iowa Code § 252J.8(1). The nu il means to accurately identify licensees,	e of your Social Security Num umber will be used in connecti	ber on this licen on with the colle	use application is required by ection of child support oblig	42 U.S.C. § ations and as an
23	Applicant sign here in ink				

Applicants must possess a master's degree or equivalent from an accredited school, college or university with a major in speech

office before applications are considered complete.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing. **515/281-6959**

Have all documents mailed to the following address:

Iowa Board of Speech Pathology & Audiology IDPH/Professional Licensure Lucas State Office Building, 5th Floor 321 East 12th Street Des Moines, IA 50319-0075

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www.idph.state.ia.us/licensure

Revised 04/01/14

<u>APPLICANT CHECKLIST AND INSTRUCTIONS</u>: Print in black ink or type. Supporting documents and fees are required for an application to be considered complete. Payment can be made by check or money order payable to the Iowa Board of Speech Pathology & Audiology.

PERM	ANENT LICENSURE: Applicants who have received a Certificate of Clinical Competency from ASHA.
	Application and non-refundable license fee of \$120 , payable to the Iowa Board of Speech Pathology & Audiology.
	Official Copy of CCC's from ASHA, or submission of the following:
	1. Official copies of academic transcripts sent directly from the school to the board showing proof of possession of a
	master's degree in speech pathology or a master's or doctoral degree in audiology or the equivalent of one of these
	degrees and official verification of completion of not less than 400 hours of supervised clinical training;
	2. Verification of nine months of full-time clinical experience, or equivalent, completed after the master's degree,
	under the supervision of a licensed speech pathologist or audiologist or as a part of the doctoral degree; and
_	3. Results of the Praxis Examination.
	Official Verification: Applicants who hold or have held a license in any other state(s) or country(ies) must have
	verification sent directly from each state or country office to the Iowa board office. Verifications must include the issue
	date, expiration date, and any pending or past disciplinary actions.
TEMPO	DRARY CLINICAL LICENSURE: For the purpose of obtaining clinical experience as a prerequisite for
licensur	
STEP 1	. Documentation needed to receive a temporary license.
	Application and non-refundable temporary clinical licensure fee of \$120, payable to the Iowa Board of Speech
	Pathology & Audiology.
	Official copy of transcripts indicating master's degree or equivalent sent directly from your college to this office.
	Official verification of completion or notarized copy showing proof of 400 hours of supervised clinical training.
	Completed, signed supervised clinical experience plan (SCE). The supervisor must possess an active, current Iowa
	license.
	Official Praxis Examination Scores sent directly from the exam service to the board office.
YOU M	IAY NOT START YOUR SUPERVISED CLINICAL EXPERIENCE UNTIL YOUR TEMPORARY LICENSE
	CE PLAN ARE APPROVED BY THE BOARD.
	WITHIN 30 DAYS OF completion of YOUR SUPERVISED CLINICAL EXPERIENCE PLAN, the following
docume	ntation is needed before a permanent license can be issued.
	Application and non-refundable permanent licensure fee of \$120, payable to the Iowa Board of Speech Pathology &
	Audiology.
	The completed, signed supervised clinical experience (SCE) report.
	DRARY PERMIT (NON-RESIDENT): issued for three months to a non-resident authorizing them to practice in this
	on-renewable. This permit not available to persons applying for temporary licensure.
	Application and non-refundable temporary permit fee of \$30, payable to the Iowa Board of Speech Pathology &
	Audiology.
	A letter to support the need for a temporary permit.
	Official copy of CCC's or official transcripts, verification of 9 months of full-time clinical experience and official test results of the Praxis Examination.
	Official Verification: Applicants who hold or have held a license in any other state(s) or country (ies) must have
Ш	verification sent directly from each state or country office to the Iowa board office. Verifications must include the issue
	date, expiration date, and any pending or past disciplinary actions.
	uaic, expiration date, and any pending of past disciplinary actions.

When you are licensed, you will be able to view your licensure status. Go to https://IBPLicense.iowa.gov/. Your license and wallet card will be mailed to you.

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Revised 04/01/14